(f) The details of departmental action taken against Railway employees besides legal action during the year 1982-83 and 1983-84 are as under:—

Year	Departmental		Legal				
	Major /Minor penalty	Pending enquiry	Prose-cuted	Convi-cted	Pending		Acqui-ttal
					Trial	Enquiry	
1982-83	8	7	201	26	148	21	6
1983-84	4	11	121	13	96	9	3

(g) On Eastern Railway the incidence of theft of fittings is the highest.

Indian Protection and Indemnity Club

1786. PROF. C. LAKSHMANNA: Will the Minister of TRANSPORT be pleased to state:

(a) whether Government are considering to establish an Indian Protection and Indemnity Club for shipping industry;

(b) if so, what are the details thereof together with the functions proposed to be assigned to the club; and

(c) by when it is likely to be" set up?

THE MINISTER OF TRANSPORT (SHRI BANSI LAL): (a) to (c) In view of the constraints in the formation of an Indian P&I Club, as brought out in the report of experts committee appointed by Indian National Shipowners' Association which was submitted to Ministry of Finance in December 1983, the decision to establish an Indian protection and indemnity club for shipping industry has been postponed. Indian shipowners have been permitted to renew the P&I covers with foreign clubs for a period of 2 years with effect from 20.2.85.

Health Plans by 2000 AD

1787. PROF. C. LAKSHMANNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is fact that Government have plans to ensure health for all by 2000 A.D.; and

(b) if so, what steps have been initiated by Government in this direction with special reference to rural areas where eye diseases specially among the children are rampant due to lack of medical facilities?

THE DEPUTY MINISTER IN THE DEPARTMENT OF FAMILY WELFARE (SHRI KRISHNA KUMAR): (a) Yes, Sir.

(b) It is proposed to achieve the goal of Health for au by 20» A.D. through:

1. Providing •*ym* Health Guide for ai; average of 1000 rural po-pulationjevery village and at least one trained dai in every village.

2. Providing a sub-centre with one male and one female multipurpose worker for every 5000 rural population in general and for every 3000 population in tribal a ad hilly areas.

3. Upgrading existing rural dispensaries into subsidiary health centres and establishing new Primary Health Centres so as to ultimately have one Primary Health Centre for every 30,000 rural! population in general and for every 20,000 population in tribal and hilly areas.

4. Providing facilities for treatment in basic Specialities at Upgraded Primary Health Centres/ Community Health Centres to be established in a phased manner for every one lakh of rural population.

5. The integrated health services cover among other things, maternal and child health, immunisa-

tion, family welfare services, control of malaria, blindness, tuberculosis, leprosy and other communicable diseases, prophylaxis against Vitamin 'A' deficiency and anaemia, health education and patient cai

To prevent eye diseases in the country, Government of India ha . 11 launched National Programme for control of blindness in 1976 with the ultimate goal to reduce blindness from 1.4 per cent in 1975 to 0.5 per cent by 2000 A.D. under the Programme 'Health for All by 2000 A.D*. The details of the programme are as follows:—

(1) Provide immediate relief by extending eye care services for far-flung rumlltribal areas througn "Mobile Camp approach". The Community at large and the voluntary organisations are involved in this programme.

(2) Establish permanent eye care facilities at Community|Primary Health Centre/Distt and State levels. Development of infrastructure by the end of 1984-85 is as under:—

Mobile Units	80
Strengthening of Primary Health Centres	2000
Strengthening of Dist. Hospitals	404
Upgradation of Department of Ophthalmology Medical Colleges	58
Establishment of Regional Institutions oi Ophthalmology	9
Establishment of Dist. Mobile Units	30
Establishing of State Ophthalmology Cells	18
Establishment of Training Schools for Ophthalmology Assistants	37

Besides the infra-structure developed during the Vlth plan period, additional Primary Health Centres are to be strengthened during the VHth plan period by providing essential equipment and staff for eye care.

(3) About 2 per cent to 3 per cent of the Budget of N.P.C.B. is l»eing spent for Eye Health Edu cation activities besides Mass Me dia Publicity.

(4) Prophylaxis against blinding malnutrition is being through distribution of Vitamin 'A' to all children between 1 to 5 years of age is being continued through Maternity Child Health/Family Welfare Programme I.C.D.S. Projects etc.

Paper fo.- exercise books

1788. MISS SAROJ KHAPARDE: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pi. 1o state:

(a) whether it is a fact that the paper for exercise book$_s$ for schools is released by the Central Go\ ment to small scale publishers;

(b) if so, what are the details of the schemes; and

(c) the quantity of paper released to the manufacturers of exercise books in each State during the last three years, year-wise?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCATION AND CULTURE (S SUSHILA ROHATGI): (a) and (b) On the basis of the quantity of concessional white printing paper like! to be made available by the Ministry of Industry, during each Quarter the State-wise and purpose-wise allat-ments are made by this Ministry which are conveyed to the State Governments and Union Territories Administrations.

The States|U.T's in turn re-all. the same to various concerned agencies including the small scale manufacturers, on the recommendations of the State Level Committees, set up for the purpose.

(c) the quantity of paper allotted to the States|U.Ts for the manufacture of exercise books during the last three years, year-wise is as under: —

1983-84	45706 M.Ts
1984-85	56811 M.Ts
1985-86 (During the first 3 quarters.	37910 M.Ts